MARY JUDE NURSING HOME 9806 WEST LINCOLN AVENUE

Ownership: WEST ALLIS 53227 Phone: (414) 543-5330 Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/02): 51 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %							
Home Health Care Supp. Home Care-Personal Care	No No			Age Groups 	ફ ફ		41.3		
Supp. Home Care-Household Services	No	!		Under 65	0.0		17.4		
Day Services	No	Mental Illness (Org./Psy)	45.7	65 - 74	4.3	I			
Respite Care	No	Mental Illness (Other)	10.9	75 - 84	32.6		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52.2	* * * * * * * * * * * * * * * * * * *	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.9	Full-Time Equivalent	t		
Congregate Meals No		Cancer				Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	17.4	65 & Over	100.0				
Transportation	No	Cerebrovascular	17.4			RNs	7.5		
Referral Service	No	Diabetes	0.0	Sex	용	LPNs	11.9		
Other Services	No	Respiratory	2.2			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	4.3	Male	19.6	Aides, & Orderlies	45.7		
Mentally Ill	No			Female	80.4				
Provide Day Programming for			100.0						
Developmentally Disabled No					100.0				
**********	***	********	*****	******	*****	*******	*****		

## Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay		:	Family Care			anaged Care	! 		
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	2	100.0	306	36	100.0	113	0	0.0	0	7	100.0	160	1	100.0	113	0	0.0	0	46	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		36	100.0		0	0.0		7	100.0		1	100.0		0	0.0		46	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	6.5		60.9	32.6	46
Other Nursing Homes	14.3	Dressing	21.7		43.5	34.8	46
Acute Care Hospitals	77.1	Transferring	39.1		28.3	32.6	46
Psych. HospMR/DD Facilities	1.4	Toilet Use	34.8		32.6	32.6	46
Rehabilitation Hospitals	0.0		71.7		19.6	8.7	46
Other Locations	1.4	******	******	*****	******	******	******
Cotal Number of Admissions	70	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Exter	nal Catheter	4.3	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	9.5	Occ/Freq. Incontine	nt of Bladder	60.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	4.1	Occ/Freq. Incontine	nt of Bowel	23.9	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0	_			Receiving Osto	my Care	4.3
Acute Care Hospitals	50.0	Mobility			Receiving Tube	Feeding	4.3
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.0	Receiving Mech	anically Altered Diet	s 30.4
Rehabilitation Hospitals	0.0				J.	-	
Other Locations	1.4	Skin Care			Other Resident C	haracteristics	
Deaths	35.1	With Pressure Sores		6.5	Have Advance D	irectives	100.0
otal Number of Discharges		With Rashes		2.2	Medications		
(Including Deaths)	74				Receiving Psyc	hoactive Drugs	19.6

**************************************											
		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprietary Facility Peer Group % Ratio		50	-99	Ski	lled	Al	1		
	Facility			Peer	Group	Peer Group		Facilities			
	%			96	% Ratio		% Ratio		Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	94.1	81.9	1.15	86.7	1.09	84.2	1.12	85.1	1.11		
Current Residents from In-County	95.7	83.1	1.15	90.3	1.06	85.3	1.12	76.6	1.25		
Admissions from In-County, Still Residing	24.3	18.8	1.29	20.3	1.20	21.0	1.16	20.3	1.20		
Admissions/Average Daily Census	145.8	182.0	0.80	186.6	0.78	153.9	0.95	133.4	1.09		
Discharges/Average Daily Census	154.2	180.8	0.85	185.6	0.83	156.0	0.99	135.3	1.14		
Discharges To Private Residence/Average Daily Census	20.8	69.3	0.30	73.5	0.28	56.3	0.37	56.6	0.37		
Residents Receiving Skilled Care	100	93.0	1.08	94.8	1.05	91.6	1.09	86.3	1.16		
Residents Aged 65 and Older	100	87.1	1.15	89.2	1.12	91.5	1.09	87.7	1.14		
Title 19 (Medicaid) Funded Residents	78.3	66.2	1.18	50.4	1.55	60.8	1.29	67.5	1.16		
Private Pay Funded Residents	15.2	13.9	1.10	30.4	0.50	23.4	0.65	21.0	0.72		
Developmentally Disabled Residents	0.0	1.0	0.00	0.8	0.00	0.8	0.00	7.1	0.00		
Mentally Ill Residents	56.5	30.2	1.87	27.0	2.09	32.8	1.72	33.3	1.70		
General Medical Service Residents	4.3	23.4	0.19	27.0	0.16	23.3	0.19	20.5	0.21		
Impaired ADL (Mean)	47.4	51.7	0.92	48.9	0.97	51.0	0.93	49.3	0.96		
Psychological Problems	19.6	52.9	0.37	55.5	0.35	53.9	0.36	54.0	0.36		
Nursing Care Required (Mean)	6.0	7.2	0.83	6.8	0.88	7.2	0.83	7.2	0.83		